LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV
MEETING MINUTES
August 8, 2013

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT *(cont.)*	COMMISSION MEMBERS PRESENT *(cont.)*	DHSP STAFF
Michael Johnson, Esq., *Co-Chair*/ Kevin James Donnelly	Kimler Gutierrez	Terry Smith, MPA/ Gambit Geniess	Kyle Baker
	David Kelly, MBA, JD		Michael Green, PhD, MHSA
Ricky Rosales, *Co-Chair*	Ayanna Kiburi, MPH (by phone)	Harold Sterker, MPH	John Mesta
Alvaro Ballesteros, MBA	AJ King, MPH	Jason Tran	David Pieribone
Joseph Cadden, MD	Mitchell Kushner, MPH, MD	Monique Tula	Sophia Rumanes, MPH
Raquel Cataldo	Brad Land	Terrell Winder	Carlos Vega-Matos, MPA
Pat Crosby	Patsy Lawson/Miguel Palacios	Fariba Younai, DDS	Juhua Wu, MA
Michelle Enfield	Ted Liso	Richard Zaldivar	Zamudio, Paulina
Lilia Espinoza, PhD	Abad Lopez		
Dahlia Ferlito, MPH	Marc McMillin		
Suzette Flynn	Ismael Morales	**COMMISSION MEMBERS ABSENT**	**COMMISSION STAFF/CONSULTANTS**
Aaron Fox, MPM	Jose Munoz		
Lynnea Garbutt	Victoria Ortega	Lee Kochems, MA/ James Chud, MS	Jane Nachazel
David Giugni, LCSW	Mario Pérez, MPH		Glenda Pinney, MPH, JD
Terry Goddard, MA	Gregory Rios/Jenny O'Malley, RN, BSN	Angélica Palmeros, MSW	James Stewart
Grissel Granados, MSW/ Maria Roman	Juan Rivera/Rev. Alejandro Escoto, MA	LaShonda Spencer, MD	Craig Vincent-Jones, MHA
	Jill Rotenberg		Erin Ward
Joseph Green/Erik Sanjurjo, MA	Sabel Samone-Loreca/Susan Forrest		Nicole Werner
Anthony Gutierrez, LCSW	Shoshanna Scholar		
PUBLIC			
Robert Aguayo.	Lillian Brumfeld	H. Frankie Darling	Lawrence Fernandez, Jr.
Ursula Arutt	Maya Gil Cantū, MPH	Pam Davis	Miguel Fernandez
Herman Avilez	Denisse Carrasco	Niki Dhillon (by phone)	Bill Flores
René Bennett	Jackie Corletto	Laura Diven	John Forbes
Chris Blades	Camila Crespo	Tom Donohoe, MBA	Ana Franklin
Nicole Bronson	Zoyla Cruz	Shannon Dunlap	JK vander Gaag
Christopher Brown	Tracey Cumberland	Alicia Eccles	Eileen Garcia
Derrick Butler, MD	Phil Curtis	Vanessa Escobar	Thelma Garcia

PUBLIC *(cont.)*			
Graciela Gonzalez	Uyen Kao, MPH	Phil Meyer, LCSW	Martha Ron
Juana Gutierrez	Michael Kelly	Edwin Millau	Natalie Sanchez
Barrie Gyes	Jeffrey King	James Moran	Raquel Sanchez
Danny Haynes	Kim Kisler	Kieta Mutepfa	Ned Silver
Tina Henderson, PhD	Luke Klipp	Melissa Nuestra	Hywel Sims
Billy Jean	Anish Mahajan, MD	Ron Osorio	Milton Smith
Jackie Jones	Vence Martin	Jose Paredes	Chris Tickner
Jehonathan Jones	Jorge Martinez	Jessica Perez	Brigitte Tweddell
Mike Jones	Miguel Martinez	John Riley	Jason Wise
Shellye Jones	Kiesha McCurtis	Melissa Roldan	

1. **CALL TO ORDER**: Mr. Johnson opened the meeting at 9:20 am.
   - **A. Roll Call** (**Present)**: Ballesteros, Cadden, Cataldo, Crosby, Enfield, Espinoza, Ferlito, Flynn, Garbutt, Giugni, Goddard, Granados/Roman, Green, Anthony Gutierrez, Kimler Gutierrez, Johnson, Kelly, Kiburi, King, Kushner, Land, Lawson, Liso, Lopez, McMillin, Morales, Ortega, Pérez, Rios, Rivera, Rosales, Rotenberg, Samone-Loreca, Smith, Sterker, Tran, Tula, Winder, Zaldivar

2. **APPROVAL OF AGENDA**:
   MOTION 1: Approve the Agenda Order with Items 3A/Motion 2, 9A/Motion 8 and 17A withdrawn ***(Passed by Consensus)***.

3. **APPROVAL OF MEETING MINUTES**:
   - **A. April 11, 2013:**
     MOTION 2: Revise and approve the minutes from the April 11, 2013 Commission on HIV meeting ***(Withdrawn)***.
   - **B. July 11, 2013:**
     MOTION 3: Revise and approve the minutes from the July 11, 2013 Commission on HIV meeting ***(Passed by Consensus)***.

4. **CONSENT CALENDER**:
   - **A. Policy/Procedure #08.2107: Consent Calendar (revised)**: Motion 4 was withdrawn because all items on the Consent Calendar were withdrawn or require discussion.
     MOTION 4: Approve the Consent Calendar ***(Withdrawn)***.

5. **PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP**:
   - Mr. Blades, UCLA, noted the new research study funded by the National Institutes of Health under the HIV Prevention Trials Network. Objectives are to determine willingness of Black MSM to use PrEP and medication adherence for those who agree to start PrEP. The two-year study is led by two Black MSM Principal Investigators. He was available for information.
   - Jeffrey King, In the Meantime, announced Black Gay Men's Wellness Month, an expansion of the Wellness for Life Conference hosted by In the Meantime for 12 years. The month focuses on the mental, physical, spiritual and emotional well-being of Black gay and bisexual men and offers opportunities to educate, empower and engage them in prevention, testing and treatment. Information on was on the resource table. Organizations are invited to offer their own events. In the Meantime is collaborating on Wellness Month with partners across California and in Atlanta, Miami and New York.
   - Wellness at the Carl Bean House Community Center offers community-led activities. Most are facilitated by volunteers. Activities include: Clean and Sober on Adams; Boi Revolution, Black gay men 18-29; Transunity Empowerment Group for male and female transgenders; and Sistah Circle. Additional information was on the resource table.
   - Ms. Eccles, UCLA, announced the Eban II Program is available through AIDS Healthcare Foundation and AIDS Project Los Angeles. Eban II is an eight-week program for heterosexual, HIV serodiscordant couples. One partner must be African-American. It offers a safe space for couples to discuss their physical, emotional and sexual health guided by facilitators. Flyers were on the resource table. Additional information is available on the website: www.ebanIIprogram.com.

6. **COMMISSION/PPC COMMENT, NON-AGENDIZED OR FOLLOW-UP**:
   - Mr. Kelly noted he was on the Comprehensive HIV Planning Task Force that developed the new Commission structure, an HIV Planning Council under Ryan White legislation. Ryan White requires unaffiliated consumers to fill one-third of seats, i.e., for this body, 17 seats. Consumers affiliated with a provider may also fill other seats. Commission representation of HIV+ and new HIV- consumers is robust though he did feel the new delineations of "consumer" needed to be better defined. He urged all consumers to actively participate and seek assistance from experienced Commissioners to help them as needed.
   - Regarding Co-Chair elections, the Commission requires one HIV+ Co-Chair and that "best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic." Latinos account for the highest HIV disease burden, but African-Americans are most disproportionately impacted. Women are less likely to be HIV+, but twice as likely as men to be out of care if HIV+. He urged Commissioners to consider these aspects of epidemic diversity when choosing Co-Chairs.
   - Mr. Vincent-Jones commented the definition of "unaffiliated consumer" as one not on the board, staff or consultant to a Part A funded provider is HRSA language. The definition of "consumer" is understandably more complex now that the Commission covers the entire range of the treatment cascade and will vary with the context. The Operations Committee will flesh out the policy that addresses "consumers" in collaboration with other Commission groups and the community.
   - Mr. Rivera said several consumers have expressed concerns about the transition from the State to the federal Pre-existing Condition Insurance Plan (PCIP). The federal PCIP launched 7/1/2013 and restarted the annual deductible calculation from zero. One consumer is in the midst of a series of knee surgeries and cannot afford another set of deductibles.
   - Mr. Land said he had been concerned for some time that a premium and co-payment assistance program would not be implemented in time to help consumers enrolling in Affordable Care Act programs starting 10/1/2013. He felt it critical to provide information countywide for consumers on how to access needed benefits counseling.
   - Mr. Fox said some noted issues will likely be addressed in the colloquium on Covered California and by the new Public Policy Committee once constituted. The State transitioned PCIP because funding ran out, but the federal PCIP is different in many respects. Both the State and the County need to be apprised about transition issues to address possible solutions.
   - Mr. Zaldivar announced the 13th Annual Strike Out AIDS at Dodger Stadium on 8/9/2013. Participants will create an AIDS ribbon and carry a banner onto the field. Purchase tickets at www.thewalllasmemorias.org for $16 or $20 (reserved).
   - ➲ Messrs. Fox and Rivera will discuss PCIP transition issues and keep the Commission apprised. Per this discussion, issues are also referred to Ms. Kiburi, Chief, HIV Care Branch, Office of AIDS (OA) and Commissioner.
   - ➲ Mr. Vincent-Jones said the Commission recently received HRSA guidance on premium and co-payment support funding. The Standards and Best Practices Committee will discuss immediate and long-term Benefits Support strategies in September and the Community Engagement Task Force will discuss a possible forum at its next meeting. More members are welcome.

7. **PARLIMENTARY TRAINING**:
   - **A.** ***"Robert's Rules of Order, Newly Revised"***:
     - Mr. Stewart presented a PowerPoint overview of the Robert's Rules of Order. The most common reason people become upset during meetings is because they feel their rights are being violated. Parliamentary procedure protects the rights of all members because the decision-making process is ordered, effective and bullet-proof. Only decisions, not the process itself, can be challenged if the process is followed. The process has been upheld by the courts.
     - Rules of debate are essential to maintain the focus on issues rather than people. The Commission membership, in particular, has a personal interest in the subject, but if debate becomes personal, the body becomes dysfunctional.
     - There are two types of votes, uncounted and counted, with several ways to accomplish both. The Brown Act, however, requires all votes to be counted so the Commission only permits general consent or role call votes. For general consent, the Chair asks if there are any objections. Silence constitutes consent for each member of the body.
     - A roll call vote is called if any objection is noted to a general consent vote. The Executive Director then calls the roll with Co-Chairs last so their votes do not influence others. The roll is reversed after each vote for the same reason.
     - Debate, including explanation of votes, ends once voting starts. Votes may not be interrupted. Members may change votes during voting until the Chair announces results. After that, votes may only be changed by unanimous consent. Debate may not restart after a vote, but implementation may be discussed or a point of order raised regarding process.
     - Motions are the means for the body to take action. Most are brought to the Commission by a committee, and occasionally by staff. Such motions are placed on the agenda and "made" when the body adopts the agenda.
     - Amendments or process motions may be made by members. A member rises/raises his or her hand, is recognized by the Chair and states, "I move that…" Another member seconds. The Chair transfers authority of the motion to the body by stating, "It is moved and seconded that…" The Chair opens the motion for public comment and then debate.

- Multiple motions can be on the floor at the same time, but only one can be debated and voted at a time. Most roll call votes require a majority, but two-thirds are required for motions which change the rights of the members. Motions are generally debated and voted in the reverse order of when they were made. Basic motion types are: main motion; amendment; postpone, indefinitely or definitely; refer, e.g., to a committee; and previous question/call the question.
- Types of motions may vary in how they move forward:
  - **Postpone**: "Indefinitely" stops consideration for the session and is not allowed in committees; while "definitely" postpones consideration to a specific time/meeting and is amendable as to time. Postpone motions must be seconded, are debatable and require a majority vote.
  - **Amend**: Alters words in a motion subject to the scope of notice and should be written out. Words may be added, removed, added and removed from the same place or moved. Amendments must be seconded, are debatable, may be amended themselves once, adhere on referral, and require a majority vote.
  - **Substitute**: If proposed amendments are extensive, a paragraph/motion may be amended by striking all words and inserting a new paragraph/motion. In an exception to norm, the original and substitute are open for debate and amendment at the same time. The substitute is voted first and, if passed, there is a vote to approve it. Debate and amendment may occur between the vote on the substitute and the vote to approve.
  - **Rescind *or* Amend Previously Adopted Motion**: Changes action already taken with no restriction as to time, but some restrictions on what can be changed, e.g., something already done is not changeable. Motions must be seconded, are debatable and amendable. A two-thirds vote is required if brought from the floor, or a majority vote if noticed. The Commission follows the Brown Act 72-hour notice rule, so a motion can be noticed on the agenda.
  - **Previous Question ("Call the Question")**: Ends debate and the body proceeds to vote on the pending question. Such motions must be seconded, are not debatable or amendable, and require a two-thirds vote.
  - **Requests/Inquiries**: Parliamentary Inquiries on the process or how to accomplish an objective and "Requests for Information" may be made any time. A motion's maker may request permission to withdraw it. Members may also request to be relieved from a duty or permission to read something longer than a paragraph or so into the record.
  - **Suspend the Rules**: Allows the body to do something outside the rules. This may include changing an adopted agenda, which is a rule, or other standing rules, but does not include Bylaws—which cannot be suspended at any time. Such motions must be seconded and are not amendable or debatable, though a brief explanation is allowed. A motion can be in two parts, i.e., "I move that we suspend the rules and do…" A two-thirds vote is required.
  - **Point of Order**: A member alerts the Chair that an improper action has taken place. No second is required, no vote is taken, and it is not debatable. The Chair decides if the point is "well taken." The Chair's decision can be appealed.
  - **Appeal**: Causes a ruling of the Chair to be decided by the body. It must be seconded and may be debatable. A majority in the negative is required to overturn the ruling of the Chair.
- Commissioners each received a copy of "Robert's Rules of Order In Brief." The full "Robert's Rules of Order" is over 600 pages, but most Commission business is addressed in the first seven chapters and Mr. Stewart urged all to read them.
- Mr. Vincent-Jones noted Mr. Stewart's role is that of parliamentarian. That role is separate from interpretation of the Brown Act which has its own distinctive requirements. The Commission uses Robert's Rules of Order as a tool, especially when addressing more contentious issues, but does not always apply them formally.
- Ms. Tula noted packets are large and suggested electronic options, e.g., purchasing tablets for Commissioners to up-load packets. It might save funds. Mr. Vincent-Jones replied the long-term goal is to distribute the packet electronically prior to the meeting. There is not yet enough staff resources to be able to do that, but some items may be distributed in advance soon. The month-long public comment period for many items respects Commissioners' need for more time to review items prior to voting.
- The Brown Act requires all materials be available to anyone at a meeting. The Board of Supervisors has a public kiosk to download and print items which meets the requirement. Mr. Vincent-Jones is working with County Counsel on options, noting that outside funding from a private entity/organization would make it a more likely possibility.

➲ Staff will look into the option of tablets for Commissioners. The County was strongly resistant to a previous proposal for laptops.

B. Policy/Procedure #08.2301: Voting Procedures (revised):

- Mr. Vincent-Jones said policies/procedures pertinent to particular items are noted at that place on the agenda. Those policies/procedures will govern activities until the Executive and Operations Committees can review/revise them.
- Policies/procedures will be open for public comment for at least a month to ensure ample time for input. Policies/ procedures were pulled from the packet due to technical problems reproducing them, but were provided in a separate packet later in the meeting.

8. **CO-CHAIRS' REPORT**:

A. Policy/Procedure #06.1000: Commission Bylaws (approved): The final approved iteration was in the packet for reference.

B. Transgender Caucus Formation:

- Mr. Johnson noted there were previous discussions on forming a Transgender Caucus. The Commission now has several members who can bring transgender community voices together to present their issues to the Commission.
- AJ King was concerned a caucus could sideline issues. Mr. Land, Consumer Caucus Co-Chair, said caucuses shine a light on a subject. The Consumer Caucus has addressed select subjects and affected Commission policy and perspectives, provided input for priorities-and allocation-setting and standards of care, was the driving force behind development of consumer stipends, and has impacted state and federal changes. Each caucus chooses how to use its voice.
- Mr. Liso, Consumer Caucus Co-Chair, added caucuses are not covered by the Brown Act so are less structured, do not have to be noticed in the same way and are not restricted to noticed subject matter. That facilitates discussion, especially for those who might be intimidated at the larger and more formal Commission meeting.
- Ms. Ortega felt as a transgender that a caucus would be valuable, but was concerned about workload, e.g., a consumer Commissioner who is also a transgender would attend the Commission meeting, a committee meeting, the Consumer Caucus and the Transgender Caucus. Mr. Vincent-Jones replied the purpose of a caucus is to provide or strengthen the voice of a key or priority population, that community when it is trying to bring relevant issues to the Commission's attention, and to the members themselves, who may feel a need for a formal time in which they can discuss, learn and mentor/be mentored by members of their respective communities. Each caucus operationalizes itself so it can, for example, decide to meet quarterly or montly, if it chooses.
- Dr. Kushner asked about a women's or Black caucus. Mr. Vincent-Jones replied Commission policy requires more than three members to be effective, but less than a quorum to ensure the Brown Act is not engaged. Women and Black members have generally exceeded quorum which also reflects a strong voice at the table. Suggestions regarding caucuses, task forces or other defined groups can be referred to the Operations Committee.
- Mr. Zaldivar said caucuses are often viewed as a remedy, but are really most valuable to represent the particular community's voice with a semi-official group. He felt a Transgender Caucus would be very valuable.
- Mr. Johnson was on the Operations Committee when he and Nettie DeAugustine first proposed a Consumer Caucus. He had AIDS, was a recovering meth addict, and was intimidated about speaking at the Commission table. It is hard to discuss the disease process in public. The Consumer Caucus became a safe place for him to develop his voice.

MOTION 5: Approve the formation of a Transgender Caucus ***(Passed by Consensus)***.

1. ***Policy/Procedure #08.1102: Subordinate Commission Working Units***: No additional discussion.

C. United States Conference on AIDS (USCA):

1. ***Policy/Procedure #08.1301: Commission Representation at Conferences/Meetings (revised)***: Mr. Johnson noted the current policy/procedure that governs Commission funding for Commissioners to attend conferences identifies unaffiliated consumers as candidates for funding and includes an application. Co-Chairs and the Executive Director select attendees from applications, with a view to rotating these opportunities for growth.

- The USCA will be the second week in September. The Commission does not yet have an operating budget, but interested parties should submit applications for potential late registration by 8/16/2013. The deadline had already passed.
- Mr. Vincent-Jones noted the policy was written for HIV-positive, unaffiliated, consumers on the premise that agencies receiving HIV funding are often able to provide these opportunities for their employees on the Commission. The Commission had no HIV-negative consumers when the policy was written, but someone who wants to attend and considers him/herself an unaffiliated HIV- negative consumer should submit an application. While the policy will eventually be revised, HIV-negatives consumer applications will be considered in the interim.

D. Co-Chair Elections: Mr. Stewart said requirements are one year's experience on the Commission or Prevention Planning Committee (PPC) experience. One Co-Chair must be HIV-positive. Messrs. Johnson and Rosales were the sole nominations.
MOTION 6: Elect Michael Johnson and Ricky Rosales as Commission Co-Chairs for terms ending 12/31/2014 and 12/31/2015. Messrs. Johnson and Rosales will select their respective terms ***(Passed by Consensus)***.

1. ***Policy/Procedure #08.1104: Co-Chair Elections/Terms (revised)***: No additional discussion.
2. ***Policy/Procedure #07.2001: Co-Chair Duty Statement (revised)***: No additional discussion.

E. Executive Committee At-Large Member Elections:

- Mr. Stewart noted there were three At-Large seats available. There are no requirements, though one year of Commission or PPC experience is recommended. Previous nominations were: Ms. Holloway, Mr. McMillin, Terry Smith and AJ King, who withdrew his nomination. Mr. Johnson reported Ms. Holloway was in the hospital, but wished to be considered. Additional nominations were: Mr. Liso, Ms. Rotenberg and Joseph Green, who withdrew his nomination.
- Mr. Vincent-Jones noted the Executive Committee is composed of the Commission Co-Chairs, co-chairs of standing committees, the DHSP Director, and three At-Large members, who bring a broader Commission voice to the table.
- The Committee sets the Commission agenda and coordinates work, including issues pertaining to multiple committees —so At-Large seats aid in development of leadership skills. At-Large members also serve on the Operations Committee.
- Mr. McMillin is HIV+ and his brother died in 1993 of complications from AIDS. He is dedicated to AIDS health care and prevention education. He developed policies/procedures and standard operating manuals for Disneyland and Tokyo Disneyland, which enhanced public speaking, training and development skills. A summary statement was in the packet.
- Terry Smith served on the PPC for several years, including two terms as Co-Chair. He is Associate Director, Prevention Programs, AIDS Project Los Angeles where he oversees multiple programs. He thinks community planning is a key aspect of HIV work, since it brings people together from different backgrounds to engage on issues from varying perspectives.
- Ms. Rotenberg served on the PPC six years, was its Operations Committee Co-Chair, and participated at the Commission's Priorities and Planning (P&P) Committee. She manages a multiple morbidity testing unit and Health Education/ Risk Reduction program for women at JWCH institute. She previously managed their HIV case management and HOPWA programs. She has facilitated the SPA 4 Service Provider Network for eight years. A summary statement was in the packet.
- Mr. Liso participated in the interview process for the new Commission and was touched by the number of dedicated people fighting HIV in the County. He has been HIV+ 27 years so witnessed the beginning of the epidemic and the fight against stigma and discrimination. He has 30 years of experience in management. He is a Co-Chair of the Commission's Consumer Caucus, has run his own men's support group for 10 years and was a California delegate.
- Mr. Johnson noted Ms. Holloway is HIV+ and lives in Long Beach. She is passionate and well spoken. Terry Smith interviewed her and was impressed with how she sought to use her passion and experience to serve others. Ms. Garbutt added Ms. Holloway has been very involved in LAFAN's Consumer Leadership Council.

MOTION 7: Elect up to three At-Large members of the Executive Committee for one-year terms ***(Withdrawn)***.

MOTION 7A: Elect Terry Smith to an Executive Committee At-Large seat with a one-year term ***(Smith, 17; Liso, 15; Rotenberg, 4; McMillin, 1; Holloway, 0; Abstentions, 3)***.

MOTION 7B: Elect Ted Liso to an Executive Committee At-Large seat with a one-year term ***(Liso, 27; Rotenberg, 6; McMillin, 4; Holloway, 0; Abstentions, 3)***.

MOTION 7C: Elect Jill Rotenberg to At-Large seat three of three on the Executive Committee for one-year term ***(Rotenberg, 28; McMillin, 8; Holloway, 0; Abstentions, 4)***.

1. ***Policy/Procedure #07.2002: At-Large Duty Statement (revised)***: No additional discussion.

F. Committee Assignments: Mr. Johnson said staff has created a grid of preferences from the committee assignment forms filled out by Commissioners when they were candidates. The Co-Chairs and Mr. Vincent-Jones will review the grid and make assignments in the next few days. Commissioner preferences are honored to the extent possible while balancing experience, skills and representation.

1. ***Committee Co-Chair Nominations/Elections***:
   - Nominations for committee co-chairs will be opened at the first meeting of each committee. Committees set their own agendas and scopes of work. Co-chairs guide committees in accomplishing their work.

- Mr. Johnson noted he and Mr. Rosales reached out to many Commissioners prior to the Commission Co-Chair election today to start the process of engagement and to reflect how the election process works. While there were no other candidates for this election, he noted he won his last election by one vote. Those seeking to serve in leadership roles should engage with their colleagues, listen to them, identify their issues and how to best help.

2. ***Committee Work Plans***: No additional discussion.

G. Commission Meeting Schedule: The meeting for September will be 9/19/2013, due to a conflict with USCA that many members will be attending.

H. 2013 Annual Meeting: The annual all-day meeting is usually held in October or November, but may be held on 9/19/2013 if speakers are available for priority Commission topics. Commissioners will be advised of the final date in the next few weeks.

9. EXECUTIVE DIRECTOR'S REPORT: Mr. Vincent-Jones noted the Executive Committee will hold its regularly scheduled meeting on 8/26/2013. The Co-Chairs, DHSP and At-Large members will address business until the committee co-chairs are elected and can fill the remaining, vacant Executive Committee seats.

A. CDC Letter of Concurrence: This item was postponed.
MOTION 8: Approve HIV Planning Group letter of concurrence to the Centers for Disease Control and Prevention (CDC), as presented ***(Withdrawn)***.

B. FY 2012 RW PC Annual Progress Report (APR): This item was postponed.

C. Commission Orientation(s): Orientations are tentatively being scheduled for 9/6/2013 or 9/30/2013. Commissioners need to attend one or the other of the all-day orientations.

➲ Mr. Vincent-Jones noted it is recommended Commissioners schedule all-day for Commission meetings; they often run over or other, related meetings are scheduled after.

10. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. OA Work/Information:

- Ms. Kiburi, Chief, HIV Care Branch, reported OA received its final notice of grant award from HRSA. The reduction was 7%, which is less than was anticipated. OA is working on its contract amendments with the Local Health Jurisdictions.
- HRSA released its Ryan White HIV/AIDS Program Part B Manual, 2013, online. There are a few changes since 2012.
- OA is collaborating with the Department of Health Care Services to support a Healthcare Reform Communications Workgroup (HRCW). The HRCW meets twice a month and is developing a communications and outreach plan to educate Ryan White providers and consumers on transitioning from Ryan White to other payer sources through Covered California or Medi-Cal. The draft plan was being distributed to HRCW members for review that day.
- The HRCW is also developing the agenda for a clinic directors' meeting on preparations for Covered California and healthcare reform as a whole. Key informant interviews have been conducted. The meeting will likely be in September.
- OA is working with Covered California to encourage as many Ryan White providers as possible to join the networks.
- Ms. Dhillon, Chief, ADAP Branch, reported OA recently completed its three-year ADAP site visit schedule. Site visits going forward will be on a two-year cycle.
- Regarding six-month ADAP recertification, OA sent a management memorandum to enrollment workers advising them of a delay in sending out applications and a letter to clients advising that their eligibility was extended to a year. Some clients had been given six-month re-certification dates, but OA is working on a contract amendment to extend those.
- Mr. Fox reported Ramsell told LA Gay and Lesbian Center enrollers that six-month recertification was re-instituted as of 8/1/2013. Ms. Dhillon said that was inaccurate; OA has contacted Ramsell. Client dates will return to one year.
- OA was informed on 5/14/2013 that the state Pre-existing Condition Insurance Program (PCIP) would be transitioned to the federal PCIP effective 7/1/2013. OA developed a management memorandum that was posted online and sent to all enrollment workers that described the transition and its impact on clients. A new OA-PCIP application and a letter explaining the transition and change in benefits was sent to each OA-PCIP client on 5/29/2013.
- OA began making calls to OA-PCIP clients on 6/19/2013 to follow-up on their applications to transition to federal PCIP and to obtain a new consent form authorizing OA to communicate and exchange information with the federal PCIP.
- To date, 220 clients have transitioned from the state to the federal PCIP. OA sent a check to the National Finance Center on 7/2/2013 to cover the July premiums for the 212 clients who had transitioned as of 7/11/2013.
- OA is working to update enrollment workers and clients as quickly as possible when it receives new PCIP or Covered California information and hopes to have new processes on the latter ready for distribution by September.
- Mr. Liso urged audits of pharmacies. He felt many were not educating consumers and were overcharging.

B. California Planning Group (CPG): Ms. Kiburi reported OA is hosting a teleconference on 8/22/2013, 1:00 to 2:00 pm, to solicit community and stake-holder feedback on membership plans for the next CPG. Planning council members have already submitted input, but more would be helpful. People who cannot participate, but would like to learn more about the proposed CPG structure or provide suggestions can contact Carol Crump at 916.449.5695 or carol.crump@cdph.ca.gov.

11. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:

A. HIV Epidemiology Report: There was no report.

B. Administrative Agency Report: Mr. Pérez noted August through October are key application development months. DHSP is working on Ryan White, Comprehensive STD Prevention Services and HIV Prevention Cooperative Agreement applications.

1. ***FY 2013 (3/2013-2/2014) Ryan White Award***:

- The final notice of grant award in the packet reflects a funding reduction of 6.4% or approximately $2.6 million.
- ➲ Mr. Pérez will provide a summary on the grant for the September Commission packet.

12. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:

A. Delivery System Reform Incentive Pool (DSRIP):

- Dr. Mahajan, Director, System Planning, Improvement and Data Analysis, Department of Health Services (DHS), introduced members of the HIV services team, Nicole Bronson, Pam Davis and Chris Tickner, who help with quality metrics, data and coordinating the current transition.
- Dr. Mahajan presented an update on the DHS HIV transition, care planning and DSRIP. DHS is the County's health system with four acute care hospitals, two Multi-service Ambulatory Care Centers, six Comprehensive Health Centers, 13 Primary Health Centers, Emergency Medical Services Agency, other delivery systems and seven DHS HIV care clinics.
- DHS is responding to health care reform with its strategic goal to transform itself from an episodic, hospital-focused system to an integrated, high-quality delivery system, including community-based primary care and behavioral health providers focused on prevention and primary care with appropriate referrals for specialized services.
- Traditionally, patients have sought care three ways. They may go to a hospital emergency room, but those lack follow-up, unless admission is needed. Urgent care clinics offer appointments, but referrals and follow-up are lacking. Primary care clinics lack a continuing provider relationship, have long waits for referrals, and follow-up is uncertain.
- In contrast, DHS is moving toward patient-centered medical homes. These provide patients with a regular primary care physician or nurse practitioner, who is part of a multi-disciplinary team. The team ensures prevention and early diagnosis with specialty services or hospitalization as needed. Follow-up is incorporated as a routine part of care.
- DHS is also initiating a new system-wide electronic medical record (EMR) system. The design-and-build phase has begun. The first major hospital system should go online in one year. All hospitals and clinics should be on the same platform in two or three years, allowing a patient's medical record to be accessed from any DHS site in the County.
- DSRIP is part of the 1115 Medicaid Waiver, "Bridge to Health Reform," which allowed early expansion of Medicaid via Healthy Way LA (HWLA) in anticipation of the Affordable Care Act (ACA). The DSRIP portion of the 1115 Waiver was designed to give incentives to public hospital systems to improve care delivery. Initially it included four categories: infrastructure development, e.g., disease management registry; innovation and redesign, e.g., medical homes; population health, e.g., timely mammograms; and inpatient quality improvement, e.g., sepsis care.

1. ***Category 5 HIV Care***:

- The fifth category was initiated approximately two years ago. It offers an important opportunity for DHS and its partner, DHSP, to improve HIV quality of care and access funds for antiretroviral medications in HWLA.
- DHS has three projects under Category 5A, Infrastructure and Program Design. Category 5B, Clinical/Operational Outcomes, tracks improvement in 10 HRSA/HAB measures. DHS reports to the Centers for Medicare and Medicaid Services (CMS) and the State for each DSRIP Year (DY): DY 8, completed, July 2012 to June 2013; DY 9, July 2013 to June 2014; and DY 10, July 2014 to June 2015.
- 5a, Project 1, empanel patients in medical homes, DY 8 milestones were: define provider HIV training, background and certification; document provider HIV training/certification; develop optimal staffing plan model; define roles/responsibilities for medical home team members; develop risk adjustment algorithms for patient assignments.
  - Project 1 milestones for DY 9 are: implement medical home staffing model informed by Medical Care Coordination, including training teams with help from DHSP; assess engagement of patients with their assigned medical homes and follow-up with those not engaged, e.g., by re-assignment to a medical home preferred by the patient.

- 5a, Project 2, implement electronic patient registry, DY 8 milestones were: assess clinic hardware needs, i.e., computers; identify HIV-specific specifications needed in patient registry; complete "Training of Trainers" for patient registry use. Medical records of patients assigned to a provider and his/her team are uploaded into the electronic patient registry. It automatically reminds the provider about services for a patient's appointment, e.g., that a Hepatitis B vaccination is due. It can also search the database, e.g., for patients not seen in six months.
  - Project 2 milestones for DY 9 are: roll-out HIV-specific registry functionality in all primary care clinics; document ongoing evaluation of clinical performance measures and data use for performance improvement.
- 5a, Project 3, launch eConsult for HIV primary care, is designed to improve specialty care efficacy. There are often long waits for specialist referral appointments, and often specialists lack key information at the first appointment. The long wait for an initial appointment may also prompt the patient to go to an emergency room to address escalating symptoms and then not attend the specialist appointment. That exacerbates efficient scheduling.
  - eConsult is a web-based platform that allows the Primary Care Provider (PCP) to electronically consult securely with the specialist prior to an initial appointment. The PCP submits an eConsult request to the specialist who reviews and responds to it in less than 72 hours. The specialist may request more information, recommend treatment or request a face-to-face visit with the patient. Patients are co-managed until the problem is resolved.
  - To date, average specialist response time to PCP requests is less than 48 hours. Over 950 PCPs are using eConsult at 40 DHS and 57 community partner sites including, all DHS hospitals. Ten specialties are currently on eConsult, with a goal to increase that to 25 in the next year. Over 20,000 eConsult requests have been submitted.
  - Project 3 DY 8 milestones were: select three priority specialties and workgroup participants (GI, urology and nephrology); establish primary care-specialty care work groups for priority specialties to develop shared approaches to common medical conditions for patients with HIV; launch eConsult in at least one specialty.
  - Project 3 milestones for DY 9 are: launch eConsult in the two additional selected specialties, already completed; share learning about specialty care use and service delivery improvement via the Commission on HIV.
- The 10 DSRIP Category 5b clinical and operational outcome measures are: CD4 T-cell count, HAART, medical visits, PCP prophy, Viral Load (VL) monitoring, VL suppression, Hepatitis B screening, Hepatitis B vaccinations, tobacco cessation counseling, medical case management. 2010 baseline data was provided by DHSP. DHS has proposed targets for percentage improvement to CMS. If targets are approved and met, DHS will receive incentives.
- Mr. Land asked if clinics receive incentives for eConsult to compensate for time needed to input data. Dr. Mahajan said clinics do not receive incentives, but have found eConsult improved efficiency over the last year. Community clinics previously faxed a request for specialty care which was often difficult to track so eConsult offers a significant improvement. There are no forms. A question is input and files, e.g., medical records, can be attached.
- Ms. Tula asked about eConsult implementation elsewhere. Dr. Mahajan said eConsult is most advanced in the San Francisco Public Health Department, originally led by Dr. Mitchell Katz and Dr. Hal Lee, who previously worked there. Dr. Lee and his San Francisco colleagues have published in peer-reviewed publications, most recently in the "New England Journal of Medicine." Data reflects provider acceptance, reduced wait times and improved efficiency. The UCLA health system is planning a similar system and other jurisdictions have requested information.
- Dr. Cadden, Rand Shrader (5P21), reported satisfaction with eConsult and felt time needed is acceptable. The "Train the Trainer" was at the end of May 2013. He felt there should be a refresher. Dr. Mahajan said the HIV-specific section will be ready in October or November. He anticipated a refresher training at that time.
- Mr. McMillin asked where eConsult was situated and how it was backed-up. Dr. Mahajan was uncertain where it was situated, but there are two back-up databases outside the Los Angeles area. There have been no downtimes to note, but paper requests are still used for specialties not on eConsult, so are available if needed.
- Mr. Sanjurjo asked how patients in eConsult will be tracked and referred for counseling if, e.g., they attend more than one clinic. Dr. Mahajan said HWLA patients have a card that lists their PCP, their medical home locations and pertinent phone numbers. Patients will have a similar card under Medicaid/Medi-Cal. Regarding patients seeking care at multiple clinics, DHS is working with providers to help encourage and educate patients to seek care at their medical homes.

B. Electronic Health Records (EHR): No additional discussion.

C. Primary and HIV Specialty Care: No additional discussion.

D. LIHP Status Update:

- Dr. Mahajan reported more than 4,000 PLWH have been enrolled in HWLA. The next challenge will be transition of HWLA patients to Medicaid/Medi-Cal under ACA starting 1/1/2014. DHS is working to ensure patients are informed about their choices to ensure continuity of care. He felt Commission help would be valuable.
- DHS is streamlining data capture on eligibility enrollments. There has been significant movement in and out of HWLA, including problems with 12-month re-enrollments among some patients. He does not yet have data specific to PLWH, but is looking into it. Although there are ways to maintain medications, continued insurance coverage is important.
- The problem is particularly acute among those who lack stable housing and whose mobile phone number may change often. Community groups are critical in helping DHS to maintain patients facing such challenges in care.
- Mr. Land said physicians must be educated to help patients choose the right plan for them and ensure medications are maintained throughout the transition. Dr. Mahajan said HWLA patients will receive a packet in October directing them to choose a plan and a provider under the plan. DHS reached an agreement with the State so those in an HWLA plan who do not reply to their packet will be assigned to the plan for their provider. Financial eligibility will not need to be re-assessed for Medicaid/Medi-Cal for clients transitioning from HWLA. Even so, many patients will need help.
- Mr. Vincent-Jones noted the Community Engagement Task Force will address transition education as its first topic.
- Mr. Fox said CMS approved California to waive re-determination of LIHP eligibility for October through December 2013, going into Medi-Cal expansion. Patients will not have to re-enroll until one year from their original LIHP enrollment or last re-determination date. Dr. Mahajan noted this victory was won by advocacy at the State and federal levels.

1. *Pharmacy Access Network*:

- Dr. Mahajan had consulted with Dr. Amy Gutierrez who said there have been no major problems with the new system so far. The mail order pharmacy planned for the Martin Luther King campus started operations that week, so community partner clinics can now arrange for their clients to receive medications by mail.
- Mr. Land was concerned about approval of medications, especially during transition to Medicaid/Medi-Cal. Many Fifth District consumers have difficulty driving to Los Angeles for medications and lack a safe mailing address.
- ➲ Mr. Vincent-Jones requested an update regarding Dr. Gutierrez working with Dr. Cadden to allow 90-day antiretroviral medication prescriptions rather than only 30-day prescriptions. Dr. Mahajan will follow-up.

14. HIV COMMUNITY INFORMATIONAL COLLOQUIUM:

A. Covered California and HIV in LA County:

- Mr. Donohoe, MBA, Director, UCLA Pacific AIDS Education and Training Center (PAETC) and Associate Director, Center for Health Promotion and Disease Prevention, David Geffen School of Medicine, UCLA spoke on ACA Implementation and HIV in Los Angeles County: Focus on Covered California. A video will be posted on UCLA and Commission websites.
- The presentation was designed to: explain basic concepts of Covered California focusing on Los Angeles County; review rights, responsibilities and decisions of impacted consumers in 2013, 2014 and 2015; consider the decision-making process for PLWH; and address the Commission's role. AETCs hope to be a mutual convener for meetings to explain Covered California around the state and gather feedback to relay to the State Office of AIDS and HRSA.
- Dr. Grant Colfax, Director, Office of National AIDS Policy, urged thinking of the Continuum of Care (Treatment Cascade) as our North Star at a recent meeting of AETCs in Washington, DC. "Continuum of Care" is replacing "Treatment Cascade" as the preferred term, largely since a cascade moves in one direction, but often people do not do so.
- Nationally, 21-28% of people are in care, on medications, and virally suppressed. In LA County, 26% meet those criteria while those in care at Ryan White clinics do better—with 65% meeting criteria in 2009 and 75% in 2010.
- Those who will be insured by a private insurance plan via Covered California make 138% or more of the Federal Poverty Level (FPL). Many of these people are doing well at Ryan White clinics so a key mantra must be, "Don't fall out of care."
- ACA was signed into law in 2010 marking the first major health reform since the establishment of Medicare and Medicaid in 1965. It was upheld by the Supreme Court in 2011. ACA eliminated pre-existing condition exclusions, expanded Medicaid to non-disabled adults with incomes <138% FPL and subsidized purchase of insurance via exchanges for those with incomes <400% FPL. California's state-based marketplace exchange is Covered California at www.coveredca.com. Exchanges will open 10/1/2013 for insurance starting 1/1/2014.
- Most PLWH are eligible for Medicaid or the exchanges. After 1/1/2014, those with incomes <138% FPL, $15,856 for an individual, will be covered by Medicaid/Medi-Cal. Those with higher incomes will be eligible for Covered California.
- Those with incomes <400% FPL, $45,960 for an individual, may take a premium tax credit in monthly payments to the health plan or as a year-end tax refund. Those with incomes <250% FPL, $28,725 for an individual, can also receive cost-sharing subsidy help from the federal government for the Covered California Silver Plan.

- Nationally, income levels of PLWH receiving Ryan White-funded services are: 70%, up to 100% FPL; 21%, 101-200% FPL; 6%, 201-300% FPL; 3%, >300% FPL. There is an estimate of 1,500 County PLWH currently in the Ryan White system who will receive insurance via Covered California, but the estimate continues to change and is likely to be higher.
- Tax penalties phase in for those who are not insured, starting in 2014 at 1% of income or $95 for an individual. Penalties increase to 2% or $325 for an individual in 2015, and 2.5% or $695 for an individual in 2016.
- There are 19 insurance rating regions in California served by 13 private health plans. LA County is the only County divided into two regions. It has seven health plans. County region 15, north is slightly cheaper than 16, south.
- Mr. Donohoe noted enrollment income figures are projected forward for the next tax year. When final taxes for the year are calculated, actual income is used to determine final eligibility for premiums and subsidies. A person who received premium/subsidy assistance and whose income was less than estimated for the year will receive a tax refund. Conversely, such a person whose income was more than estimated will owe the difference in taxes.
- Many organizations are funded for Covered California outreach and education. People also seek health information from the internet, news outlets and trusted advisors, e.g., research shows young men seek their mothers' advice.
- People must enroll with a Certified Enrollment Counselor (previously "assister"). Grants for that are just being initiated. An organization must be a Certified Enrollment Entity before staff can apply to be Counselors. Application includes a background check and thumb print. The Entity will be paid $58 per person enrolled so fraud is also being watched.
- Mr. Donohoe noted the following health insurance definitions: premium, monthly cost; deductible, amount paid each year before insurance covers health costs; co-pay/co-insurance, fixed percentage cost per service after the deductible is met; total out-of-pocket expense, cap on amount paid for health insurance per year; premium assistance/tax credit, paid by the federal government to the health care provider; cost-sharing subsidies, point of care subsidies for those in the Silver Plan with incomes <250% FPL; reconciliation, end of tax year adjustment of premium/subsidy assistance.
- The Platinum Plan will pay an average of 90% of medical expenses based on an actuarial projection and has no deductible. The Gold Plan will pay an average of 80% and has no deductible. The Silver Plan will pay an average of 70% with a sliding scale deductible. The Bronze Plan will pay an average of 60% with deductibles based on whether the plan is a Health Maintenance Organization, Preferred Provider Organization or Exclusive Provider Organization.
- ACA requires coverage of Essential Health Benefits (EHB). Some EHB mirror Ryan White Core Medical Services, e.g., ambulatory patient services. Recent HRSA Policy Clarification Notices (PCNs) reiterate Ryan White funds may not be used for any item or service "for which payment has been made or can reasonably be expected to be made by another payment source." PCNs also offer guidance on use of funds for ACA premiums/cost-sharing. Those eligible for ACA insurance are expected to access it so funds cannot be used to pay penalties. PCNs were in the packet.
- The state OA-Health Insurance Premium Payment (OA-HIPP) will continue to be a key support for PLWH in a revised form with implementation of ACA. Current eligibility requirements are: HIV/AIDS diagnosis; California resident; 18 or older; adjusted gross income no greater than $50,000; not enrolled in Medicare, Medi-Cal or LIHP; have or plan to get a comprehensive health insurance plan with prescription drug benefits.
- Most Covered California plans do not offer HIV routine testing, although the CDC recommended it seven years ago and the US Preventive Services Task Force rated HIV screening Grade A, which permits billing. Mr. Donohoe suggested advocating with health plans for HIV screening to diagnose and link to care those who are unaware they are HIV+.
- The CDC also recommends Hepatitis C screening for all baby boomers. Most Covered California plans do not offer routine Hepatitis screening, but they are more likely to offer it if a person has tested HIV+.
- There are many resources for more ACA information. HRSA's page on Ryan White and the ACA includes an email for questions. HRSA's Target Center, http://careacttarget.org, is updated daily with resources and information.
- ➲ RHJ is coordinating local outreach/education and navigation programs. The local coordinator is Rebecca Torra. Mr. Donohoe suggested Ms. Torra could present on those programs at a future Commission meeting.

B. Panel Discussion:

- Panel members were: Mr. Fox, LA Gay and Lesbian Center and Commissioner; Mr. Riley, Benefits Counselor, AIDS Project Los Angeles; Michael Kelly, a patient from Northeast Valley; Dr. Butler, Associate Medical Director, T.H.E. Clinic and faculty at Drew PAETC; and Mr. Vega-Matos, Chief, Care Division, DHSP.
- Michael Kelly started hearing about ACA in the general media a year ago. He is now hearing a bit more from LGBT organizations. His physician has begun discussing ACA with patients, especially those she is unlikely to see again until after 10/1/2014. His licensed insurance broker is helping him decide whether to enroll via the broker or a counselor.

- Dr. Butler said T.H.E. Clinic is a Federally Qualified Health Center (FQHC) with full spectrum primary care and a Ryan White clinic. The clinic's general population has already begun to transition to LIHP and is moving toward ACA implementation. Most of the Ryan White patients have incomes below 138% FPL, so few will use Covered California.
- T.H.E. Clinic has received federal grants for Covered California outreach/education for its patients and the general community. Clinic patients receiving financial screening are advised about HWLA and transition to Medi-Cal or are directed to counselors for Covered California as appropriate. He felt the presentation would be helpful to inform staff.
- Dr. Butler said while many patients appreciate T.H.E. Clinic, he expected some will want to explore other options. Many of their patients did not have health care prior to their HIV diagnoses and are unfamiliar with navigating the broader healthcare landscape. He felt Ryan White clinics provide superior specialized care, but will need to present themselves competitively to retain and attract patients. T.H.E. Clinic can serve Medi-Cal and Covered California patients.
- Mr. Riley helps patients navigate current OA-HIPP, which can pay premiums up to somewhat over $1,900 a month for health insurance selected by the patient. Patients eligible for Covered California subsidies would need to access those.
- Mr. Donohoe spoke recently with Dr. Karen Marks, Director, OA. Dr. Marks said OA is meeting with Covered California to review how to coordinate enrollment for impacted Ryan White patients and OA-related Ryan White-funded insurance assistance programs, consistent with recent HRSA PCNs. There will be an update in August or September.
- Mr. Riley added that he is concerned about OA-HIPP's ability to meet the expanding demand that resulted when the program was opened to those who are not disabled with HIV. A caseload backlog developed and has not yet been cleared. He noted people may decline Covered California and pay the tax penalty instead. They would remain eligible for ADAP.
- Mr. Fox stressed there is a major difference between how a PLWH and someone who is HIV-negative will interact with Covered California. The PLWH will have more options to meet incurred costs than the HIV-negative person, but the HIV-negative person can choose from more viable plans, e.g., a young, healthy person might choose an inexpensive plan with few benefits.
- He noted no one yet has all the answers, e.g., the State is still developing how to interact with Covered California. Even though the bill has passed, regulations are still being developed and probably will still develop over the next few years.
- He urged providers to advise their patients to bring any materials they receive on healthcare or from the State to their provider promptly for help in understanding materials before taking any action. Mr. Riley recommended an HMO 101.
- Dr. Butler said many T.H.E. Clinic patients had straight Medi-Cal until the transition to HWLA. Front desk staff had to educate them about HWLA and HMOs in general. Each provider should educate patients so they can remain in care.
- Mr. Donohoe felt the Ryan White system invests so strongly in quality that both patients and public health would be best served if Ryan White patients stay with their current providers if possible for at least the first year.
- He added OA is conducting key informant interviews statewide with Ryan White clinicians and administrators. There will be a meeting in the Fall with the administrators and medical directors to discuss some of these issues.
- Mr. Vega-Matos stressed remembering that the local Ryan White system got on the rollercoaster of healthcare reform two years ago and it will continue for the foreseeable future. Care disruptions have been minimized because DHSP collaborated with community partners, consumers, sister County agencies and the Commission. Even so, there have been times when everyone had to scramble to maintain patient care. That will continue as issues are decided.
- He also noted not every consumer is going through the same transition process. Some consumers have private insurance, others are uninsured, some have Medi-Cal, and others are Medi-Medi. Issues differ with each system. Providing accurate financial screening and benefits counseling has also become much more challenging.
- Mr. Vega-Matos urged providers to stay accessible to their patients under ACA by becoming part of the Covered California networks. Most patients in the Ryan White system are very reluctant to change providers, but may need to change if they cannot afford a plan offered by their current provider. DHSP partnered with DHS to ensure all Ryan White providers were part of HWLA, but providers need to become Covered California network providers themselves.
- The other key issue is how to provide premium and co-payment support. HRSA has been issuing clarifications and there has been some respite granted in eligibility determinations for the last quarter of the year.
- Mechanics to operationalize such support is, however, challenging. DHSP first needs to know what the State will cover in premium support, co-payments and deductibles. It can then decide what it can support and review what it is allowed to support under Ryan White's "payer of last resort" requirement. To date, HRSA guidance indicates payments must be made to health plans rather than to consumers or providers. That would require contractual mechanisms with plans.
- Mr. Vega-Matos noted that, historically, the number of consumers in the Ryan White system accessing ambulatory outpatient medical services is small. Most patients have incomes <138% FPL with the majority under 133% FPL. Most

will be eligible for expanded Medicaid/Medi-Cal, rather than Covered California. A significant number of those with incomes <138% FPL will not qualify for Medicaid/Medi-Cal, and will remain in the Ryan White system.

- ACA expands access to services such as hospital and emergency care not covered by Ryan White. Ryan White, however, offers broader services in some areas than ACA, e.g., substance abuse, mental health and medical care coordination. The Ryan White system has provided services to wrap-around the LIHP. The same approach is expected for ACA.
- Mr. Liso urged incentives for the increased OA-HIPP workload. Mr. Riley replied incentives are not planned, but enrollments earn $58. Mr. Riley added OA theoretically pays $50 for a new or re-enrollment and $25 for re-certification.
- Mr. Rivera is a consumer accessing OA-HIPP and ADAP. It has been hard for him to get accurate, timely information for himself and others he helps. Overall, State mailings are so vague that even the program referenced is often unclear.
- Ms. Cataldo asked if benefits will change with the transition from HWLA to Medicaid/Medi-Cal. Mr. Vega-Matos said his understanding was that there would be no reduction in service. It will be necessary to reconcile the formularies as was done when HWLA was launched. California has a very robust formulary that goes beyond antiretroviral medications.
- Dr. Younai heard on the radio that a decision has been made to cut dental benefits from Covered California plans. If true, that would increase Ryan White demand. Mr. Fox noted considerable discussion about dental and vision benefits and whether they will be included or available via stand-alone plans. At this point, it appears each plan might be somewhat different. DHSP will have to review what plans cover and what Ryan White can cover.
- Mr. Vega-Matos said DHSP has been closely monitoring dental benefits under both Medi-Cal, and what will be available through the Covered California health plans. He learned on 8/5/2013 that HealthNet will have dental care for adults, e.g., oral examinations and x-rays. DHSP also has a HRSA Technical Assistance consultant helping assess Ryan White system procedures and coverage. The data can be used as a benchmark to review what other health plans offer.

C. RW HIV/AIDS Program Policy Clarification Notices (PCNs): No additional discussion.

D. Related Briefs: ACA, RW Program and HIV: No additional discussion.

E. Video-Taping Release Form: The colloquium was video-taped. Release forms were not required for the general attendees as video-taping focused on the presenters.

15. CAUCUS REPORTS:

A. Consumer Caucus: The Caucus meets after the Commission meeting.

1. ***Policy/Procedure #09.7201: Consumer Compensation (revised)***: This was discussed at the Consumer Caucus meeting.

B. Latino Caucus: There was no report.

16. TASK FORCE REPORTS:

A. Comprehensive HIV Planning (CHP) Task Force: Mr. Vincent-Jones reported there will be a webinar or conference call for HRSA Technical Assistance on the unification process sometime in September or October.

B. Community Engagement Task Force: Mr. Vincent-Jones said the office will contact people in the next week to schedule a meeting. Information was received that some LA County substance abuse residential providers refused to allow San Diego County residents on HIV medications to enroll in programs as they were leaving SD County incarceration facilities and returning to LA and on court-rehab order. He verified that was not allowable, has advised DHSP and is following-up.

C. Corrections Task Force: Members are still being sought for this Task Force. It has not begun meeting as yet.

D. Community Task Forces: There was no report.

17. AIDS EDUCATION/TRAINING CENTERS (AETC) REPORT:

A. PAETC Subcontractors' Meeting, San Francisco: This item was postponed.

18. SPA/DISTRICT REPORTS: The next SPA 4 Service Provider Network meeting was on 8/15/2013, 12:00 noon, at AIDS Project Los Angeles, 611 South Kingsley Drive, Los Angeles, CA 90005. RSVP to Ms. Rotenberg at JWCH Institute, 213.484.1186.

19. COMMISSION COMMENT:

- Mr. Liso requested Ms. Flynn report on the state of HOPWA at the next Commission meeting especially regarding potential changes as of 9/19/2013.

20. ANNOUNCEMENTS: There were no announcements.

21. ADJOURNMENT: The meeting adjourned at 2:00 pm in memory of Gunther Freehill. He was an activist with ACT UP; Being Alive; AIDS Regional Board, precursor to the Commission; and Office of AIDS Programs and Policy, precursor to DHSP. He was committed and passionate in challenging injustice. The memorial will be at the LA Gay and Lesbian Center, 8/25/2013, 3:00 pm.

A. Roll Call (**Present)**: Ballesteros, Cadden, Fox, Garbutt, Granados, Green, Johnson, Kelly, King, Land, Lawson, Liso, Lopez, McMillin, Morales, Rios, Rivera/Escoto, Rosales, Rotenberg, Samone-Loreca, Smith, Sterker, Tran, Winder

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order with Items 3A/Motion 2, 9A/Motion 8 and 17A withdrawn.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Revise and approve the minutes from the April 11, 2013 Commission on HIV meeting.	***Withdrawn***	**MOTION WITHDRAWN**
MOTION 3: Revise and approve the minutes from the July 11, 2013 Commission on HIV meeting.	***Passed by Consensus***	**MOTION PASSED**
MOTION 4: Approve the Consent Calendar.	***Withdrawn***	**MOTION WITHDRAWN**
MOTION 5: Approve the formation of a Transgender Caucus.	***Passed by Consensus***	**MOTION PASSED**
MOTION 6: Elect Michael Johnson and Ricky Rosales as Commission Co-Chairs for terms ending 12/31/2014 and 12/31/2015. Messrs. Johnson and Rosales will select their respective terms.	***Passed by Consensus***	**MOTION PASSED**
MOTION 7: Elect up to three At-Large members of the Executive Committee for one-year terms.	***Withdrawn***	**MOTION WITHDRAWN**
MOTION 7A: Elect Terry Smith to an Executive Committee At-Large seat with a one-year term.	***Smith:*** Enfield, Fox, Giugni, Granados, Anthony Gutierrez, King, McMillin, Morales, Ortega, Rosales, Samone-Loreca, Scholar, Smith, Sterker, Tran, Winder, Zaldivar ***Liso:*** Ballesteros, Cadden, Cataldo, Espinoza, Flynn, Goddard, Green, Johnson, Kushner, Liso, Lopez, Munoz, Rivera, Tula, Younai ***Rotenberg:*** Garbutt, Land, Rios, Rotenberg ***McMillin:*** Kelly ***Holloway:*** None ***Abstention:*** Kiburi, Lawson, Pérez	**MOTION PASSED** **Smith**: 17 **Liso**: 15 **Rotenberg**: 4 **McMillin**: 1 **Holloway**: 0 **Abstentions**: 3
MOTION 7B: Elect Ted Liso to an Executive Committee At-Large seat with a one-year term.	***Liso:*** Cadden, Cataldo, Enfield, Espinoza, Flynn, Fox, Garbutt, Giugni, Goddard, Granados, Green, Johnson, Kushner, Land, Lawson, Liso, Lopez, Munoz, Ortega, Rios, Rivera, Scholar, Smith, Sterker, Tran, Tula, Younai ***Rotenberg:*** Ballesteros, Anthony Gutierrez, King, Rosales, Rotenberg, Winder ***McMillin:*** Kelly, McMillin, Morales, Zaldivar ***Holloway:*** None ***Abstention:*** Kiburi, Pérez, Samone-Loreca	**MOTION PASSED** **Liso**: 27 **Rotenberg**: 6 **McMillin**: 4 **Holloway**: 0 **Abstentions**: 3

MOTION AND VOTING SUMMARY		
MOTION 7C: Elect Jill Rotenberg an Executive Committee At-Large seat with a one-year term.	***Rotenberg:*** Ballesteros, Cadden, Enfield, Espinoza, Garbutt, Giugni, Granados, Green, Anthony Gutierrez, Johnson, King, Kushner, Land, Lawson, Liso, Lopez, Ortega, Rios, Rivera, Rosales, Rotenberg, Samone-Loreca, Scholar, Smith, Sterker, Tula, Winder, Younai ***McMillin:*** Cataldo, Fox, Goddard, Kelly, McMillin, Morales, Tran, Zaldivar ***Holloway:*** None ***Abstention:*** Flynn, Kiburi, Munoz, Pérez	**MOTION PASSED** **Rotenberg:** 28 **McMillin**: 8 **Holloway**: 0 **Abstentions**: 4
MOTION 8: Approve HIV Planning Group letter of concurrence to the Centers for Disease Control and Prevention (CDC), as presented.	***Withdrawn***	**MOTION WITHDRAWN**